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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office Us	e Only	
1.	NAME OF COMMITTEE (in full)		MAILING LABE OR PRINT		ample:If typir er the lines	ng, type				
Ш	American Podiatric Medical A	Assn., Inc.	Podiatry Political	Action Cor	nmittee		1 1 1	1 1 1 1		
1.		1 1 1								1
		9312 C	ld Georgetown F	Road						
AD	DRESS (number and street)	1 3012 0								
Г	Check if different than previously									
	reported. (ACC)	Bethes	da 						0814 - [1	698
2.	FEC IDENTIFICATION NUM	IBER 1	,	CITY 🛕		:	STATE	;	ZIPCODE	A
	C00008839		3.	IS THIS REPORT		NEW (N) OR	X	AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	`´R	eport	Feb 20 (M2)	May 20 (M5)		Aug 20 (M8)	No (N Ye	ov 20 (M11) Ion-Election ear Only)
	(a) Quarterly Reports:	D	ue On:	Mar 20 (M3)	Jun 20 (M6)		Sep 20 (M9)	(N	ec 20 (M12) lon-Election ear Only)
		_		Apr 20 (M4)	Jul 20 (M7)		Oct 20 (M10)	Ja	an 31 (YE)
	Quarterly Report(Q	(c)	12-Day		Primary (12	2P)	Gen	eral (12G)	R	unoff (12R)
	July 15 Quarterly Report(Q	(2)	PRE-Election Report for the		Convention	H	Snor	cial (12G)		
	October 15 Quarterly Report(Q	(3)	neport for the		Convention	(120)	Spec	Jiai (12G)		
	January 31 Quarterly Report(Y	E)	Ele	ection on					in the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)		30-Day Post -Electio Report for the		General (30	0G)	Run	off (30R)	Sı	pecial (30S)
	Termination Report	t	Ele	ection on			• •		in the State of	
5.	Covering Period 02	2 0	2006		through	02	28	2006		
l ce	ertify that I have examined this		_	_	and belief it	is true, correct	and comp	lete.		
Тур	e or Print Name of Treasurer	Dr. Ge	erald Peterson, D)PM						
Sig	nature of Treasurer Electro	nically Filed	l by Dr. Gerald	l Peterson,	DPM		ate	07 18	2 (006
NO	TE : Submission of false, erro	neous, or in	complete informa	ation may s	ubject the pe	rson signing thi	s Report t	o the penalties	of 2 U.S.C	437g.
	Office Use								FORM (3X

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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS

R	eport Covering the Period: From:	01 2006	To: 0 2 2 8 2 0 0 6
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a) Cash on Hand January 1 Y 2006 Y		281280.76
	(b) Cash on Hand at Begining of Reporting Period	351564.76	
	(c) Total Receipts (from Line 19)	26179.03	103259.58
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	377743.79	384540.34
	Total Disbursements (from Line 31)	39338.28	46134.83
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	338405.51	338405.51
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

м м 0 2

Report Covering the Period:

From:

01

2006

Тο.

м м 0 2 D 2 B

2006

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	17855.00	64854.99
(ii) Unitemized	8209.00	37232.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	26064.00	102086.99
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	26064.00	102086.99
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	1000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	115.03	172.59
8. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	26179.03	103259.58
0. Total Federal Receipts (subtract Line 18(c) from Line 19)	26179.03	103259.58

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	1318.28	2114.83
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	1318.28	2114.83
2.	Transfers to Affiliated/Other Party		
3.	Committees	0.00	0.00
·.	Federal Candidates/Committeesand Other Political Committees	38020.00	44020.00
	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
3.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
۱.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	39338.28	46134.83
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	39338.28	46134.83
	from Line 31)	39330.20	40134.03

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	26064.00	102086.99
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	26064.00	102086.99
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1318.28	2114.83
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1318.28	2114.83

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 6 / 35			
	`		Use separate schedule(s) or each category of the	(check only one)		
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			_ comes community raige	13 14 15 16 17		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee			
Α.	Full Name (Last, First, Middle Initial) Dr. Thomas S. Murray			Date of Receipt		
	Mailing Address 10812 S.E. 3rd St.			02 10 2006		
	City	State	Zip Code	Transaction ID: 12022796		
	Midwest City	OK	73130-5104	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self Employed	Occupation Podiatrist		7		
	Receipt For:		Year-to-Date ▼	_		
	Primary General	199.19		1		
	Other (specify)		500.00			
				4		
В.	Full Name (Last, First, Middle Initial) Dr. Kathleen M. Stone			Date of Receipt		
	Mailing Address 18807 N. 42nd Ave.			M M / D D / Y Y Y Y		
	City	State	Zip Code	02 10 2006		
	Glendale	AZ	85308-7527	Transaction ID: 12022806		
		- AZ	00000-7027	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	·					
	Name of Employer Self Employed	Occupation				
	Receipt For:	Podiatrist				
	Primary General	Aggregate	Year-to-Date ▼	,		
	Other (specify)		1000.00			
	care. (epoonly) 🗸	0 0				
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Karen F. Sanicola			Date of Receipt		
	Mailing Address 19511 Spring Valley Dr.			0 2 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 12022808		
	Hagerstown	MD	21742-2411	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.	C		250.00		
	Name of Employer Self Employed	Occupation Podiatrist				
	Receipt For:	4	Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼		250.00			
s	UBTOTAL of Receipts This Page (optional)			1750.00		
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0				FOR LINE NUMBER: PAGE 7 / 35		
SCHEDULE A (FEC Form 3X)		200 departue deriodate(e)		(check only one)		
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
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or	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may name and add	r not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee			
Α.	Full Name (Last, First, Middle Initial) Dr. David R. Kirlin			Date of Receipt		
	Mailing Address 2600 Thomas Trl.			02 10 2006		
	City	State	Zip Code	Transaction ID: 12022809		
	Gastonia	NC	28054-4964	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self Employed	Occupation Podiatris		7		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General			7		
	Other (specify) ▼	1	250.00			
				*		
В.	Full Name (Last, First, Middle Initial) Dr. Richard A. Bellacosa			Date of Receipt		
	Mailing Address 7 Tanner Woods			M M / D D / Y Y Y Y		
				02 10 2006		
	City	State	Zip Code	Transaction ID: 12022810		
	San Antonio	TX	78248-1629	Amount of Each Receipt this Period		
	FEC ID number of contributing			050.00		
	federal political committee.	C		250.00		
		10		_		
	Name of Employer Self Employed	Occupation				
		Podiatris				
	Receipt For:	Aggregate	e Year-to-Date ▼	_		
	Primary General		250.00	11		
	Other (specify) ▼	1 1		1		
_	Full Name (Last, First, Middle Initial)					
C.	Dr. John Steven Steinberg			Date of Receipt		
	Mailing Address 1709 Landon Hill Rd.			02 10 2006		
	City	State	Zip Code	Transaction ID: 12022857		
	Vienna	VA	22182-1853	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		500.00		
	Name of Employer Self Employed	Occupation				
		Podiatris		_		
	Receipt For:	Aggregate	e Year-to-Date ▼	_		
	Primary General		500.00	11		
	Other (specify)			1		
_						
				1000.00		
s	UBTOTAL of Receipts This Page (optional)			1000.00		
\vdash			<u> </u>	-		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 35		
	EMIZED RECEIPTS	or each category of the		(check only one)		
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Δn	v information conied from such Reports and St	atemente may	y not be sold or used by any pers			
or	y information copied from such Reports and Si for commercial purposes, other than using the	name and add	lress of any political committee to	o solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee			
A.	Full Name (Last, First, Middle Initial) Dr. Kirk Eliel Woelffer			Date of Receipt		
	Mailing Address Raleigh Foot Center P.O. Box 98209			02 10 2006		
	City	State	Zip Code	Transaction ID: 12022859		
	Raleigh	NC	27624-8209	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self Employed	Occupation Podiatris				
	Receipt For:		Year-to-Date ▼			
	Primary General		500.00	7		
	Other (specify)	0 0	300.00			
В.	Full Name (Last, First, Middle Initial) Dr. Mark Haas			Date of Receipt		
	Mailing Address 1024 Tramway Ln. N.V	02 10 2006				
	City	State	Zip Code	Transaction ID: 12022860		
	Albuquerque	NM	87122-1317	Amount of Each Receipt this Period		
	FEO ID words on a Constability of the state of		1 1 1 1 1 1	050.00		
	FEC ID number of contributing federal political committee.	C		250.00		
		Occupation Podiatris		250.00		
	federal political committee. Name of Employer	Occupation Podiatris		250.00		
	federal political committee. Name of Employer Self Employed	Occupation Podiatris		250.00		
	federal political committee. Name of Employer Self Employed Receipt For: Primary General	Occupation Podiatris	Year-to-Date ▼	Date of Receipt		
	federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Podiatris	Year-to-Date ▼			
 c.	federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub	Occupation Podiatris	Year-to-Date ▼	Date of Receipt		
c.	federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub Mailing Address 100 Ayshire Ct.	Occupation Podiatris Aggregate	Year-to-Date ▼ 250.00	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
 C.	federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub Mailing Address 100 Ayshire Ct. City	Occupation Podiatris Aggregate	Year-to-Date ▼ 250.00 Zip Code	Date of Receipt M		
C.	federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub Mailing Address 100 Ayshire Ct. City Slidell FEC ID number of contributing	Occupation Podiatris Aggregate State LA	Zip Code 70461-5034	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
C.	federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub Mailing Address 100 Ayshire Ct. City Slidell FEC ID number of contributing federal political committee.	Occupation Podiatris: Aggregate State LA C Occupation Podiatris:	Zip Code 70461-5034	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
C.	federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub Mailing Address 100 Ayshire Ct. City Slidell FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupation Podiatris: Aggregate State LA C Occupation Podiatris:	Zip Code 70461-5034	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub Mailing Address 100 Ayshire Ct. City Slidell FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State LA C Occupation Podiatris: Aggregate State Aggregate Aggregate	Zip Code 70461-5034 Year-to-Date ▼ 1000.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or	ny information copied from such Reports and Stat- for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	ements may ime and add	ress of any political committee to	solicit contributions from such committee.
\rangle	American Podiatric Medical Assn., Inc. I	Podiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Mary Elizabeth Crane			Date of Receipt
	Mailing Address 2601 N. Carroll Ave.			02 10 2 2006
	City	State	Zip Code	Transaction ID: 12022873
	Southlake FEC ID number of contributing federal political committee.	C	76092-3100	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Eugene F. Sherwood			Date of Receipt
	Mailing Address 7475 Algonquin Dr.			0 2 0 8 2 0 0 6
	City	State OH	Zip Code	Transaction ID: 12022883
	Cincinnati FEC ID number of contributing federal political committee.	C	45243-3517	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
) .	Full Name (Last, First, Middle Initial) Dr. John M. DePalma			Date of Receipt
	Mailing Address 1006 Shawnee Ln.			02 06 7 2006
	City	State	Zip Code	Transaction ID: 12022895
	Shamong FEC ID number of contributing federal political committee.	NJ C	08088-8973	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
S	UBTOTAL of Receipts This Page (optional)		.	1250.00
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C	COLLEDING A (FEO Forms OV)		JEDIJI E A (FEC Form 3Y)		FOR LINE NUMBER: PAGE 10/35
	CHEDULE A (FEC Form 3X)			(check only one)	
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۸r	ny information copied from such Reports and Sta	atomonte may	rnot be cold or used by any pers		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)		·		
$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
	7 interiority of an arrest moderal 7 tooling inter-	. outury .			
_	Full Name (Last, First, Middle Initial)				
A.	Dr. Russell J. Barone			Date of Receipt	
	Mailing Address 29 Glen Crest Dr.			M M / D D / Y Y Y Y	
				02 06 2006	
	City	State	Zip Code	Transaction ID: 12022897	
	Arden	NC	28704-3025	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		300.00	
	federal political committee.				
	Name of Employer	Occupation	 1	\dashv	
	Name of Employer Self Employed	Podiatris			
	Receipt For:		Year-to-Date ▼	_	
	Primary General	1.999		7	
	Other (specify) ▼		300.00		
				-	
	Full Name (Last, First, Middle Initial)				
В.	Dr. Alvin J. Dr. Alvin J. Kanegis			Date of Receipt	
	Mailing Address 78 Page Ln.			M M / D D / Y Y Y Y	
				02 06 2006	
	City	State	Zip Code	Transaction ID: 12022899	
	Westbury	NY	11590-6213	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		250.00	
	federal political committee.			250.00	
	Name of Employer	Occupation	 1	\dashv	
	Self Employed	Podiatris			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General			7	
	Other (specify) ▼	1	250.00		
_	Full Name (Last, First, Middle Initial)				
C.	Dr. William R. Kuglar			Date of Receipt	
	Mailing Address 542 Hawthorne Woods	Dr.		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City	State	Zip Code		
	Eagan	MN	55123-3059	Transaction ID: 12022916	
		IVIIN	33123-3039	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	rederal political committee.				
	Name of Employer	Occupation	1	□	
	Self Employed	Podiatris			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	7	
	Other (specify) ▼		250.00	1	
s	UBTOTAL of Receipts This Page (optional)			800.00	
\vdash				-	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11/35
	EMIZED RECEIPTS			(check only one)
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_				13 14 15 16 17
Ar or	ry information copied from such Reports and State for commercial purposes, other than using the r	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Joseph Ryan Treadwell			Date of Receipt
	Mailing Address 15 Lantern Ct.			02 / 09 / 2006
	City	State	Zip Code	Transaction ID: 12022971
	Farmington	CT	06032-3333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. David E. Klein			Date of Receipt
	Mailing Address 345 Harbor Hills Rd.		02 10 2006	
	City	State	Zip Code	Transaction ID: 12024074
	Roslyn	NY	11576-2230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	250.00	7
	Other (specify)	0 0	250.00	
C.	Full Name (Last, First, Middle Initial) Dr. Mark F. Rogers			Date of Receipt
	Mailing Address Central UT Foot & Ankl. 150 W. 800 N.			02 10 7 2006
	City	State	Zip Code	Transaction ID: 12024078
	Provo	UT	84601-1624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:		e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
\vdash	,			
Ιт	OTAL This Period (last page this line number of	nlv)		

C	COUEDINE A (FEO Forms OV)			FOR LINE NUMBER: PAGE 12/35
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
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or	ny information copied from such Reports and State for commercial purposes, other than using the r	name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Andrew C. Schink			Date of Receipt
	Mailing Address 1715 Cameo			02 14 2006
	City	State	Zip Code	Transaction ID: 12025202
	Eugene	OR	97405-5897	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	00 0		7
	Other (specify) ▼		500.00	
				-
В.	Full Name (Last, First, Middle Initial) Dr. David James Maiani			Date of Receipt
	Mailing Address 3966 E. Ohio Match Rd			M M / D D / Y Y Y Y
	<u> </u>	02 14 2006		
	City	State	Zip Code	Transaction ID: 12025205
	Hayden	ID	83835-7824	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
		Podiatrist		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	250.00	7
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial)			
C.	Dr. Brooke V. Crowley			Date of Receipt
	Mailing Address 88 S. Howell Point Rd.			0 2 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12025210
	Bellport	NY	11713-2614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
		10		_
	Name of Employer Self Employed	Occupation		
		Podiatrist		_
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General		250.00	
	Other (specify)			1
_				
1				1000.00
s	UBTOTAL of Receipts This Page (optional)			1000.00
\vdash			•	_

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/35
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	ny information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$ \rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Colitical Action Committee	
\angle	American i calatile wedical Assil., inc.	1 odiatiy i	omical Netion Committee	
Λ	Full Name (Last, First, Middle Initial) Dr. Gregory M. Jansyn			Date of Receipt
Α.	Mailing Address 927 S. Peale			M M / D D / Y Y Y Y
				02 13 2006
	City	State	Zip Code	Transaction ID: 12025215
	Park Ridge	IL	60068-4961	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
	Citiei (Specify)		0 0 0 0 0 0 0	1
В.	Full Name (Last, First, Middle Initial) Dr. Garry W. Neltner			Date of Receipt
	Mailing Address 3117 Hudnall Ln.			02 14 2006
	City	State	Zip Code	Transaction ID: 12025227
	Edgewood	KY	41017-2320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Podiatris		7
	Receipt For:	1	Year-to-Date ▼	+
	Primary General	33 -3		1
	Other (specify) ▼		500.00	
C.	Full Name (Last, First, Middle Initial) Dr. Michael W. Ward			Date of Receipt
Ο.	Mailing Address 1951 S. Grandview			M M / D D / Y Y Y Y
				02 15 2006
	City	State IA	Zip Code	Transaction ID: 12033558
	<u>Dubuque</u>		52003-7922	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0		1
s	UBTOTAL of Receipts This Page (optional)			1000.00
\vdash				
т	OTAL This Period (last page this line number of	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 35 (check only one) X 11a 11b 11c 12
Any	y information copied from such Reports and Sta or commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.			
A.	Full Name (Last, First, Middle Initial) Dr. Tracy L. Basso Mailing Address 3216 Shelter Love Ave. City Davis FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State CA C Occupation Podiatrist Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr. Mark Haas Mailing Address 1024 Tramway Ln. N.W City Albuquerque	State NM	Zip Code 87122-1317	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Podiatrisi Aggregate		250.00
C.	Full Name (Last, First, Middle Initial) Dr. Brian W. Cornell Mailing Address 3 Algonquin Dr. City Middletown FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State RI C Occupation Podiatrisi Aggregate		Date of Receipt M M M / D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SI	JBTOTAL of Receipts This Page (optional)			1250.00
TC	OTAL This Period (last page this line number or	nly))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/35						
ITEMIZED RECEIPTS			or each category of the	(check only one)						
••	EMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1	7					
Δr	ny information copied from such Reports and St	tatemente may	, not be sold or used by any perso							
or	ly information copied from such Reports and Si for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee							
A.	Full Name (Last, First, Middle Initial) Dr. Michael S. Downey			Date of Receipt						
	Mailing Address 165 Pheasant Fields Li		7'- O-d-	02 17 2006						
	City	State	Zip Code	Transaction ID: 12037988						
	Moorestown	NJ	08057-1431	Amount of Each Receipt this Period	-					
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupation Podiatris								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	1	250.00							
	Other (specify) ▼	0 0	8 8 8 8 8 8							
В.	Full Name (Last, First, Middle Initial) Dr. Joseph S. Wells			Date of Receipt						
٥.	Mailing Address 39195 Calle De Compa	anero		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID: 12038268						
	<u>Murrieta</u>	CA	92562-7135	Amount of Each Receipt this Period	_					
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupation	n	7						
		Podiatris	•							
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Primary General Other (specify) ▼		500.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Richard A. Weinstein			Date of Receipt						
	Mailing Address 1442 Honeysuckle N.E			02 23 7 2006						
	City	State	Zip Code	Transaction ID: 12056250						
	Albuquerque	NM	87122-1144	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupation Podiatris								
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Primary General		250.00							
	Other (specify) ▼		230.00							
s	UBTOTAL of Receipts This Page (optional)			750.00]					
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T	OTAL This Period (last page this line number	only)			4					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 35 (check only one) X
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
۷.	Full Name (Last, First, Middle Initial) Dr. Faith C. Shapiro Mailing Address S.W. Podiatry Center 1903-C Wyoming Blvd. I City	N.E. State NM	Zip Code	Date of Receipt M
	Albuquerque FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Podiatris		Amount of Each Receipt this Period 250.00
3.	Full Name (Last, First, Middle Initial) Dr. Janet Simon Mailing Address Podiatry Associates of N 8300 Carmel N.E. #501 City Albuquerque FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State NM C Occupation Podiatris		Date of Receipt M M A Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
С.	Full Name (Last, First, Middle Initial) Dr. Ronald D. Jensen Mailing Address Gould Medical Group 3612 Dale Rd. City Modesto FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State CA C Occupation Podiatris Aggregate		Date of Receipt M M
SI	UBTOTAL of Receipts This Page (optional)			1500.00
т	OTAL This Period (last page this line number or	ılv)	>	

SCHEDULE A (FEC Form 3X)		Lisa saparata sabadula(s)	FOR LINE NUMBER: PAGE 17/35
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	. Podiatry F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Thomas C. Atwood Mailing Address Western Foot & Ankle 2122 9th St. #3 City Greeley	Care State CO	Zip Code 80631-3089	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Podiatris Aggregate		255.00
Full Name (Last, First, Middle Initial) Dr. Marc J. Hudes Mailing Address 22 Sunset Dr.			Date of Receipt
City Monticello FEC ID number of contributing	State NY	Zip Code 12701-4500	Transaction ID: 12056278 Amount of Each Receipt this Period 300.00
Receipt For: Primary Other (specify) ▼	Occupation Podiatris Aggregate		300.00
Full Name (Last, First, Middle Initial) Dr. Richard L. Rauch Mailing Address 1188 Lost Rd.			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Martinsburg</u>	State WV	Zip Code 25401-0898	Transaction ID: 12056305 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupatio Podiatris Aggregate		
SUBTOTAL of Receipts This Page (optional)			805.00
TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 18 / 35 (check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Robert J. Warkala			Date of Receipt
	Mailing Address 445 Hurffville-Crosskeys	Rd. #B6		02 23 / 2006
	City	State	Zip Code	Transaction ID: 12057561
	Sewell	NJ	08080-2338	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
3.	Full Name (Last, First, Middle Initial) Mr. Rodney Peele			Date of Receipt
	Mailing Address 824 Azalea Drive			02 / 24 / 2006
	City	State	Zip Code	Transaction ID: 12063512
	Rockville	MD	20850-2017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer American Podiatric Medical Association	Occupation Assistant	n Director of Legislative Advo	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
 C.	Full Name (Last, First, Middle Initial) Dr. David Alan Yeager			Date of Receipt
	Mailing Address 2165 Fawn Ridge Dr.			0 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12071114
	Dixon	IL	61021-9502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		250.00	
SI	JBTOTAL of Receipts This Page (optional)			1500.00
т	OTAL This Period (last page this line number or	nlv)		

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	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 19 / 35 (check only one)
•••	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	/ not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc. F	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Gordon P. Rheaume			Date of Receipt
	Mailing Address 80 Baylor St.			02 27 2006
	City	State	Zip Code	Transaction ID: 12071115
	Pueblo	CO	81005-1640	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Charles E. Keenan, Jr.			Date of Receipt
	Mailing Address 1590 3rd Ave. S.E.			M M / D D / Y Y Y Y Y Y Y Z 0 0 6
	City	State	Zip Code	Transaction ID: 12071116
	<u>Le Mars</u>	<u>IA</u>	51031-2763	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Oliver S. Foster			Date of Receipt
	Mailing Address Baldwin Hills Foot & Ankl 3756 Santa Rosalia Dr. #			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12071117
	Los Angeles	CA	90008-3606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify) ▼	0 0	300.00	1
s	UBTOTAL of Receipts This Page (optional)			800.00

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 35
	EMIZED RECEIPTS		or each category of the	(check only one)
TI LIVIIZED TIEGEIF 13			Detailed Summary Page	X 11a 11b 11c 12
•	· · · · · · · · · · · · · · · · · · ·			13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Podiatric Medical Assn., Inc.	Podiatry F	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Oliver S. Foster			Date of Receipt
	Mailing Address Baldwin Hills Foot & An			02 27 2006
	3756 Santa Rosalia Dr. City	#302 State	Zip Code	Transaction ID: 12071118
	Los Angeles	CA	90008-3606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		700.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	1000.00	
	Other (specify)	0 0	1 1 1 1 1 1 1	J.
— В.	Full Name (Last, First, Middle Initial) Dr. Carol F. LaRose			Date of Receipt
	Mailing Address 2801 Seafarer Loop			0 2 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12099321
	Anchorage	AK	99516-3556	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	250.00	1
	Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Robert C. Blaine			Date of Receipt
	Mailing Address 5442 Lockhaven Dr.			02 28 2006
	City	State	Zip Code	Transaction ID: 12100054
	Buena Park	CA	90621-1538	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer A-B Foot & Ankie Care Cen-	Occupation Podiatris		7
	ter Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		1000.00]
٩	LUBTOTAL of Receipts This Page (optional)			1950.00
1 2	:			

17855.00

		Use seperate schedule(s)				INE N	iUMBE	:K:			PAGI	= 21/	35
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ě	_		22 28a	Н	23 28b	$\boldsymbol{\sqcup}$	24 28c	25 29	26 30b
	y Information copied from such Reports and Stat for commercial purposes, other than using the na												ıs
V O	NAME OF COMMITTEE (In Full)	The and address of any politica	COIII		illee i	O SOIIC	it Corti	ibut	10115 11	OIII St	JCH COH	iiiiiiiee	
\rangle	American Podiatric Medical Assn., Inc.	Podiatry Political Action C	omm	nit	tee								
Α.	Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.								ion ID:		80392 t		
	Mailing Address NC8502 PO Box 563966						0 ^M 2	М	[/] DC	2	/ Y	ž 0 ŏ (6 ^Y
	City Charlotte	State Zip Code NC 28262-3966					Amou	ınt o	f Each	Disb	urseme		
	Purpose of Disbursement Bank Fees			0(01							908.	25
	Candidate Name				gory/ pe								
	Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify) ▼					Bank	Fee	es				
	Full Name (Last, First, Middle Initial)						Trans	eacti	ion ID	. 197	80394		
В.	Wachovia Bank, N.A.						Date		isburs	emen	t		Y
	Mailing Address NC8502 PO Box 563966						0 2			2	L.	ž 0 Ŏ (3
	City Charlotte	State Zip Code NC 28262-3966					Amou	ınt o	f Each	Disb	urseme		
	Purpose of Disbursement Bank Fees		_	Ō(L.		•		•	26.	80
	Candidate Name				gory/ pe								
	Office Sought: House Disbu Senate President	rsement For: Primary General Other (specify)					Bank	Fee	es				
	State: District:												
C.	Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.								ion ID:		80395 t		
	Mailing Address NC8502 PO Box 563966						0 2	М	[′]	2	/ Y	ž 0 ŏ (3 Y
	City Charlotte	State Zip Code NC 28262-3966					Amou	ınt o	f Each	Disb	urseme		
	Purpose of Disbursement Bank Fees			0(01							22.	15
	Candidate Name				gory/ pe								
	Senate President	rsement For: Primary General Other (specify) ▼					Bank	Fee	es				
<u> </u>		n								•		957.	20
Ls	UBTOTAL of Disbursements This Page (optional	J)				<u> </u>	-	0	-			991.	
Т	OTAL This Period (last page this line number or	ly)				•							

		Use seperate schedule(s)					ENUMBER: PAGE 22/35 ly one)						
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		_	<u>.</u> 2	1b -	22 28a	Н	23 28b	\Box	24 28c	25 29	26 30b
	y Information copied from such Reports and Stat for commercial purposes, other than using the na												
Or	NAME OF COMMITTEE (In Full)	arrie and address of any poli	licai con	1111	шиеє	to som	CIL COTILI	ibut	ions ii	OIII S	uch co	пппцеє	;
\rangle	American Podiatric Medical Assn., Inc.	Podiatry Political Action	n Comr	ni	ttee								
_	Full Name (Last, First, Middle Initial)						Trans	sacti	ion ID	: 127	8039	7	
Α.	Wachovia Bank, N.A.							of D	isburs		it	V . V	· V
	Mailing Address NC8502 PO Box 563966						0 2	IVI	<u> </u>	2	Ĺ	ž 0 ŏ	6
	City Charlotte	State Zip Code NC 28262-39	966				Amou	ınt o	f Each	Disb	ursem	ent this	Period
	Purpose of Disbursement	20202 00		_	_	_						4	.50
	Bank Fees		_ L	_	01								
	Candidate Name		C		egor ype	y/							
	Senate President	rsement For: Primary General Other (specify)	ral				Bank	Fee	es				
	State: District:												
В.	Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.						Date	of D	isburs	emen	'80398 it		* **
	Mailing Address NC8502 PO Box 563966						0 2	М	[′]	2	/ L	žoŏ	6 [*]
	City Charlotte	State Zip Code NC 28262-39	966				Amou	ınt o	f Each	Dist	ursem		Period
	Purpose of Disbursement Bank Fees			C	001			_	_			27	7.91
	Candidate Name		C		egor ype	y/							
	Office Sought: House Disbu Senate President	rsement For: Primary Gener Other (specify)	ral				Bank	Fee	es				
	State: District:												
C.	Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.								i on ID isburs		'80399 It	9	
	Mailing Address NC8502 PO Box 563966						0 2	М	[′] D	6	/ Y	žoŏ	6 ^Y
	City Charlotte	State Zip Code NC 28262-39	966				Amou	ınt o	f Each	n Dist	ursem	ent this	Period
	Purpose of Disbursement Bank Fees			C	01							286	.72
	Candidate Name		C		egor ype	y/							
	Senate President	rsement For: Primary General Other (specify)	ral				Bank	Fee	es				
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	y Information copied from such Reports and Sta for commercial purposes, other than using the n		, , ,	
\	NAME OF COMMITTEE (In Full)			
\rangle	American Podiatric Medical Assn., Inc.	Podiatry Political Action Com	mittee	
	Full Name (Last, First, Middle Initial)			Transaction ID: 12159234
۹.	Investment Account, Interest/Dividends			Date of Disbursement
				02 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 100 Light St., 19th Flo	or		02 28 2006
	City	State Zip Code		Amount of Each Disbursement this Period
	Baltimore	MD 21202-1036		
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	Candidate Name	-	Category/	
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\rangle	American Podiatric Medical Assn., Inc. Po	odiatry Political Action C	omm	ittee									
	Full Name (Last, First, Middle Initial)					Trans	actio	on ID:	11955	653			
٨.	Bob Filner for Congress							sburse		V * V		V	
	Mailing Address P.O. Box 127868					0 ^M 2	/	0	^D /	2	0 Ó 6		
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3.	Rogers For Congress							on ID: sburse	119552 ement	279			
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	Mailing Address Post Office Box 581												
	•	State Zip Code MI 48116				Amou	int of	Each	Disburs	emen	t this P	eriod	_
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Э.	Pete Stark Re-Election Committee							sburse		330			
	Mailing Address P.O. Box 8331					0 ^M 2	M /	^D 0	2 /	^Y 2	0 0 6	Y	
	City Fremont	State Zip Code CA 94537				Amou	int of	Each	Disburs	emen	t this P	eriod	_
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	Candidate Name Rep. Fortney Peter Stark		Ca	tegory ype	/								
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\	, ,	odiatry Political Action	Comm	ittee							
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	dy's Cafe Business O I Bantry St.	ffice			O :	2 ^M	0	2 /	2	0 Ď 6	
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F	resident	ement For: 2006 Primary Genera C Other (specify) ▼	ı		200	6 Prii	mary E	Election			
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Friends Of Rahm En	,						isburse		556		
Mailing Address P.0	D. Box 101124				0	2 M	[′] 0	2 /	ž	0 Ď 6	Y
City Chicago		State Zip Code IL 60610			Amo	ount o	f Each	Disburse	ement	this Pe	eriod
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T	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and S for commercial purposes, other than using the			
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc			
۹.	Full Name (Last, First, Middle Initial) Lesley 'Les' Miller For Congress			Transaction ID: 11955657 Date of Disbursement O 2
	Mailing Address 2505-38th Avenue			02 02 2006
	City Tampa	State Zip Code FL 33610		Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 Primary Election		011	500.00
	Candidate Name Lesley Miller		Category/ Type	
	Senate President	bursement For: 2006 Primary General X Other (specify) 06 Primary Electio		2006 Primary Election
_	Full Name (Last, First, Middle Initial)			Transaction ID: 11955655
٥.	Lynn Westmoreland For Congress			Date of Disbursement O 2
	Mailing Address PO Box 458			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & D \\ 0 & 0 & 2 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 0 \end{bmatrix}$
	City Sharpsburg	State Zip Code GA 30277		Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 Primary Election		011	1000.00
	Candidate Name Rep. Lynn Westmoreland		Category/ Type	
	Senate President	bursement For: 2006 Primary General X Other (specify)		2006 Primary Election
	State: GA District: 8 20 Full Name (Last, First, Middle Initial)	06 Primary Electio		Transaction ID: 12159289
Э.	Cummings For Congress Campaign C	Committee		Date of Disbursement
	Mailing Address PO Box 1631			$ \begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 6 \end{bmatrix} $ $ \begin{bmatrix} Y & 2 & 0 & 0 & 0 \\ 2 & 0 & 0 & 0 & 0 \end{bmatrix} $
	City Baltimore	State Zip Code MD 21203		Amount of Each Disbursement this Period
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	Candidate Name Rep. Elijah E. Cummings		Category/ Type	
	Senate President	bursement For: 2006 Primary General X Other (specify) 06 Primary Electio		2006 Primary Election
	Otate. IVID DISTITION /	OO I IIII AI Y LIGOLIO		
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or for commercial purposes, other than using the nam	e and address of any political co	mmittee to	solicit contrib	utions fro	m such c	ommittee	
NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Po	diatry Political Action Com	nmittee					
Full Name (Last, First, Middle Initial)			Transa	ction ID:	1202513	30	
Friends Of Craig Thomas				Disburse			
Mailing Address 3907 Dorsel Ct			08 8	[/] ^D 2	9 / _ Y	ž 0 ŏ 5	Y
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Purpose of Disbursement 2010 Primary Election Funds Reported On		011	-			0000.0	,0
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American Podiatric Medical Assn., Inc. Po	diatry Political Action Com	nmittee								
Full Name (Last, First, Middle Initial)			Т	ransact	ion ID:	120251	176			
Friends Of Ray Lahood			_	Date of D	isburse	ement	v v		V	
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3. Kirk For Congress				ate of D				Y	Υ	
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Candidate Name Rep. Robert R. Simmons		011 Category/ Type								
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State: CT District: 2 2006 Pt	imary Electio									_
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`	st, First, Middle Initial)					Trans	action	ID: 12	20251	80		
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American Podiatric Medical Assn., Inc. Pod	diatry Political Action Con	nmit	tee								
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	itate Zip Code /A 23219			A	mount o	of Each	Disburse	ement	this P	eriod	_
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Full Name (Last, First, Middle Initial) 3. Whitfield For Congress Committee						i ion ID: Disburse	120558 ement	316			
Mailing Address P.O. Box 391					M M	[′] 2	3 /	ž	0 0̈́ 6	Y	
,	itate Zip Code (Y 42241			A	mount o	of Each	Disburse	ement	this Po	eriod	_
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Candidate Name Rep. Edward Whitfield	L	O Cate	gory/								
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Johnson For Congress Committee				1)isburse) /			
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	state Zip Code CT 06050			A	mount o	of Each	Disburse	ement	this P	eriod	_
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Candidate Name Rep. Nancy L. Johnson		Cate Ty	gory/								
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_	NAME OF COMMITTEE (In Full)												
\rangle	American Podiatric Medical Assn., Inc. F	Podiatry Political Action Com	nmi	ttee									
	Full Name (Last, First, Middle Initial)					Transa	ction	ID: 1	20558	10			
۱.	Norwood For Congress					Date of				, , ,		V	
	Mailing Address PO Box 499 PO Box 499					0 2		^D 2 3	3 / [ž	0 Ó 6	Y	
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	Rep. Charles W. Norwood		T	уре	4								
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	President	Other (specify)											
	State: GA District: 9												
_	Full Name (Last, First, Middle Initial)					Transa	ction	ID: 1	20558	23			
3.	Citizens For Arlen Specter					Date of							
	Mailing Address 426 C Street Ne Carriage House	ge House				0 2	/	^D 2 3	3 / Y	ž	0 Ď 6	Υ	
	City	State Zip Code				Amoun	t of Ea	ch C	Disburse	men	t this F	erio	d
	Washington	DC 20002			4					1	000.0	00	
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	Candidate Name Sen. Arlen Specter		Cate	egory/ ype									
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	x Senate	Primary General											
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	State: PA District: 1 2010 Full Name (Last, First, Middle Initial)	Primary Electio							00555				
).	Friends Of Maurice Hinchey					Transa Date of	f Disbu		20558 nent		V	V	
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